

HILLSBORO AREA HOSPITAL

HILLSBORO, ILLINOIS

TITLE XVIII-MEDICARE COST ANALYSIS

YEAR ENDED JUNE 30, 2010

November 9, 2010

Re: Provider: Hillsboro Area Hospital
Provider Numbers: 14-1332, 14-Z332
Period ended: 06/30/2010
Protested amounts claimed on submitted cost report.

Dear Sir or Madam:

The cost report for Hillsboro Area Hospital, for the year ended June 30, 2010, claims additional amounts due the provider for an expense paid by the provider, but currently not classified as a reimbursable cost. The expense in question is the Illinois State Medicaid Provider Tax Assessment, in the amount of \$123,166, which we have included as an adjustment to line 6 (A&G) on worksheet A-8. We feel as though the expense should be, and is, allowed as a reimbursable cost under Medicare Guidelines and should remain on line 6 (A&G).

The calculation of the additional amounts due the provider was calculated by removing the adjustment on worksheet A-8. The expense was then allowed to be allocated by the B-1 accumulated cost statistic to the various Hospital departments. The protested amounts claimed for the period ended June 30, 2009, are as follows:

Worksheet E, part B, line 36	\$ 38,783
Worksheet E-2, line 22	16,189
Worksheet E-3, part II, line 34	<u>12,640</u>
Total	\$ 67,612

Sincerely,

Terri Carroll
Vice President of Financial Services
Hillsboro Area Hospital
1200 E. Tremont Street
Hillsboro, IL 62049
(217) 532-4187

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09
11/09/2010 08:58

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED [] INITIAL [] RE-OPENING
USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 11/09/2010
APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 08:58

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/09/2010 08:58
GbQJCymE4mWnGGt.V0vdx99LVCPW0
kPscj0BqhL6uGblgGaaaxZteQ2Soea
kD0j0tB1kF0e4Smt

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

PI Encryption: 11/09/2010 08:58
D.2ZgBUKwsJsKZMW7SLvxdvshqdd0
SoEXg0vpP0lg4wEW8SwOcDncFyfvr
5ozm6vk08n04thla

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	11118	39404	71383
3	SWING BED - SNF	-52352		
4	SWING BED - NF			
5	SKILLED NURSING FACILITY			
6	NURSING FACILITY			
7	HOME HEALTH AGENCY			
8	OUTPATIENT REHABILITATION PROVIDER			
9	HEALTH CLINIC			
100	TOTAL	-41234	39404	71383

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1200 EAST TREMONT
1.01 CITY: HILLSBORO

STATE: IL

P.O.BOX:

ZIP CODE: 62049

COUNTY: MONTGOMERY

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6	
2 HOSPITAL	HILLSBORO AREA HOSPITAL	14-1332	09/06/1975	N O O	2
3 SUBPROVIDER I					3
4 SWING BEDS - SNF	HILLSBORO AREA HOSPITAL	14-Z332	04/01/2004	N O N	4
5 SWING BEDS - NF					5
6 HOSPITAL-BASED SNF					6
7 HOSPITAL-BASED NF					7
8 HOSPITAL-BASED OLTC					8
9 HOSPITAL-BASED HHA					9
11 SEPARATELY CERTIFIED ASC					11
12 HOSPITAL-BASED HOSPICE					12
14 HOSP-BASED RHC					14
15 OUTPATIENT REHABILITATION PROVID					15
16 RENAL DIALYSIS					16
17 COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2009	TO: 06/30/2010		17
		1	2		
18 TYPE OF CONTROL		2			18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL	1	19
20 SUBPROVIDER I		20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.					21
21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.					21.01
21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.					21.02
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2			Y 99914	21.03
21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2				21.04
21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	2				21.05
21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.	NO				21.06
21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO	NO			21.07
21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.					21.08
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO				22
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO				23
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.01
23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.02
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.03
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.04
23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					23.05
23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.06
23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.07
24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.					24
24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.					24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	YES	04/01/2004	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.	NO		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	YES		30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)	NO		30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.	NO		30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO		35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	V	XVIII	XIX	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	1	2	3	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	NO	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	NO	

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES		40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:		P.O. BOX:	40.02
40.03	CITY:		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT?	NO		45
45.01	SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.			45.01
45.02	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.02
45.03	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
54.01	PREMIUMS: 37895 PAID LOSSES: AND/OR SELF INSURANCE:			NO		54.01
55	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	09/01/2010		63

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3

PART I

(CONTINUED)

[illegible]

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
	COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL.		374	29	486	1
	SWING BED, OBSERV & HOSPICE DAYS					
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		374	29	486	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
SALARIES		1	2	3	4	5	6	
1	TOTAL SALARIES	5739908						1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNP							8
8.01	EXCLUDED AREA SALARIES	524713	64128					8.01
9	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR							9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
13	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)						CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS						CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/PQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	60071						21
22	ADMINISTRATIVE & GENERAL	543236	51481					22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	182110	-12647					24
25	LAUNDRY & LINEN SERVICE	41865						25
26	HOUSEKEEPING	127718						26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	115453						27
27.01	DIETARY UNDER CONTRACT							27.01
28	CATERERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	347527						30
31	CENTRAL SERVICES AND SUPPLY	39491						31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	210224						33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		1	2	3	4	5	
1	NET SALARIES	5739908		5739908			1
2	EXCLUDED AREA SALARIES	524713	64128	588841			2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	5215195	-64128	5151067			3
4	SUBTOTAL OTHER WAGES & REL COSTS						4
5	SUBTOTAL WAGE-RELATED COSTS						5
6	TOTAL (SUM OF LINES 3 THRU 5)	5215195	-64128	5151067			6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	1667695	38834	1706529			13

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NHCNQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	AAA					45
45.01	ES3					45.01
45.02	ES2					45.02
45.03	ES1					45.03
45.04	HE2					45.04
45.05	HE1					45.05
45.06	HD2					45.06
45.07	HD1					45.07
45.08	HC2					45.08
45.09	HC1					45.09
45.10	HB2					45.10
45.11	HB1					45.11
45.12	LE2					45.12
45.13	LE1					45.13
45.14	LD2					45.14
45.15	LD1					45.15
45.16	LC2					45.16
45.17	LC1					45.17
45.18	LB2					45.18
45.19	LB1					45.19
45.20	CE2					45.20
45.21	CE1					45.21
45.22	CD2					45.22
45.23	CD1					45.23
46	TOTAL					46

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		297332	297332	-119468	177864	-8320	169544	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		417604	417604	16737	434341		434341	4
5	0500 EMPLOYEE BENEFITS	60071	1643623	1703694		1703694	-1094	1702600	5
6.01	0662 ADMINISTRATION & ACCOUNTING	135085	1987417	2122502		2122502	-1299156	823346	6.01
6.02	0661 GENERAL	137109	389321	526430	28818	555248	-168521	386727	6.02
6.03	0641 ADMITTING	65077	6005	71082		71082		71082	6.03
6.04	0650 PATIENT ACCOUNTING	205965	173385	379350		379350		379350	6.04
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	182110	356808	538918	-12647	526271		526271	8
9	0900 LAUNDRY & LINEN SERVICE	41865	33412	75277		75277		75277	9
10	1000 HOUSEKEEPING	127718	14695	142413		142413		142413	10
11	1100 DIETARY	115453	122904	238357		238357	-52122	186235	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION								14
14.01	1401 UR/QUALITY IMPROVEMENT	109946	3351	113297		113297		113297	14.01
14.02	1402 NURSING ADMINISTRATION	237581	11183	248764		248764		248764	14.02
15	1500 CENTRAL SERVICES & SUPPLY								15
15.01	1501 PURCHASING								15.01
15.02	1502 CENTRAL SERVICES & SUPPLY	39491	2365	41856		41856		41856	15.02
16	1600 PHARMACY		638888	638888	-265853	373035		373035	16
17	1700 MEDICAL RECORDS & LIBRARY	210224	82541	292765		292765	-12924	279841	17
18	1800 SOCIAL SERVICE		627	627		627		627	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	759783	104596	864379	-360	864019		864019	25
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	476173	336786	812959	32174	845133		845133	37
40	4000 ANESTHESIOLOGY		140474	140474	-88047	52427	-34182	18245	40
41	4100 RADIOLOGY-DIAGNOSTIC	387604	460119	847723		847723	-308	847415	41
41.01	3040 ULTRA SOUND		161754	161754		161754		161754	41.01
43	4300 RADIOISOTOPE		416645	416645		416645		416645	43
44	4400 LABORATORY	442193	563143	1005336		1005336	-54412	950924	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	92998	21429	114427	-6156	108271		108271	49
49.50	3950 SLEEP LAB	37768	54301	92069		92069		92069	49.50
50	5000 PHYSICAL THERAPY	601771	72275	674046		674046	-28135	645911	50
51	5100 OCCUPATIONAL THERAPY	77802	2565	80367		80367		80367	51
53	5300 ELECTROCARDIOLOGY		40447	40447		40447	-18750	21697	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		45029	45029	64441	109470	-2251	107219	55
56	5600 DRUGS CHARGED TO PATIENTS				263906	263906		263906	56
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	102962	24412	127374	-127374				60
61	6100 EMERGENCY	568446	1147570	1716016	-105	1715911	-410401	1305510	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	5215195	9773006	14988201	-213934	14774267	-2090576	12683691	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES				76334	76334		76334	98
98.02	9801 ASSISTED LIVING	523243	440562	963805	137600	1101405	24	1101429	98.02
98.03	9802 CARDIAC REHAB	1470	78	1548		1548		1548	98.03
101	TOTAL	5739908	10213646	15953554		15953554	-2090552	13863002	101

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RECLASSIFICATIONS

WORKSHEET A-6
PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER
1	2	3	4	5	
1 TO RECLASS DRUG COST FROM PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		263906 1
2 TO RECLASS NON-REIMB CLINIC COST	B	PHYSICIANS' PRIVATE OFFICES	98	51481	12206 2
3 TO RECLASS MED SUPPLY FROM PHARMACY	C	MEDICAL SUPPLIES CHARGED TO P	55		929 3
4 TO RECLASS OR SUPPLIES TO MEDICAL SU	D	MEDICAL SUPPLIES CHARGED TO P	55		55391 4
5 TO RECLASS OXYGEN EXP FROM RT TO MED	E	MEDICAL SUPPLIES CHARGED TO P	55		6156 5
6 TO RECLASS CLINIC COSTS TO A&G	G	GENERAL	6.02	51481	12206 6
7 TO RECLASS DEPRECIATION	H	ASSISTED LIVING	98.02		137600 7
8 TO RECLASS MAINT TO MHA & PHYS OFFIC	I	PHYSICIANS' PRIVATE OFFICES	98	12647	8
9	I				9
10 TO RECLASS BCF EXP TO MED SURG	J				10
11 TO RECLASS INSURANCE	K	NEW CAP REL COSTS-BLDG & FIXT	3		18132 11
12	K	NEW CAP REL COSTS-MVBLE EQUIP	4		16737 12
13 TO RECLASS ONCALL EXPENSE	L	OPERATING ROOM	37		88013 13
14 TO RECLASS IV THERAPY TO MED SUP	M	MEDICAL SUPPLIES CHARGED TO P	55		1965 14
15	M				15
16	M				16
17	M				17
18	M				18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				115609	613241 36

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		SALARY	OTHER	WKST A-7	
			LINE #				REF.	
	1	6	7		8	9	10	
1 TO RECLASS DRUG COST FROM PHARMAC	A	PHARMACY	16			263906		1
2 TO RECLASS NON-REIMB CLINIC COST	B	CLINIC	60		51481	12206		2
3 TO RECLASS MED SUPPLY FROM PHARMA	C	PHARMACY	16			929		3
4 TO RECLASS OR SUPPLIES TO MEDICAL	D	OPERATING ROOM	37			55391		4
5 TO RECLASS OXYGEN EXP FROM RT TO	E	RESPIRATORY THERAPY	49			6156		5
6 TO RECLASS CLINIC COSTS TO A&G	G	CLINIC	60		51481	12206		6
7 TO RECLASS DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3			137600	9	7
8 TO RECLASS MAINT TO HHA & PHYS OF	I	OPERATION OF PLANT	8		12647			8
9	I							9
10 TO RECLASS ECF EXP TO MED SURG	J							10
11 TO RECLASS INSURANCE	K	GENERAL	6.02			34869	12	11
12	K						12	12
13 TO RECLASS ONCALL EXPENSE	L	ANESTHESIOLOGY	40			88013		13
14 TO RECLASS IV THERAPY TO MED SUP	M	PHARMACY	16			1018		14
15	M	ADULTS & PEDIATRICS	25			360		15
16	M	OPERATING ROOM	37			448		16
17	M	ANESTHESIOLOGY	40			34		17
18	M	EMERGENCY	61			105		18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
35								35
36 TOTAL RECLASSIFICATIONS					115609	613241		36

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	----- ACQUISITIONS -----			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	5	6	7
1 LAND							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES							3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL							7
8 RECONCILING ITEMS							8
9 TOTAL							9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	----- ACQUISITIONS -----			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	5	6	7
1 LAND	237676					237676	1
2 LAND IMPROVEMENTS	640214	7762		7762		647976	2
3 BUILDINGS AND FIXTURES	10840340	6820577		6820577	1827370	15833547	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	164332					164332	5
6 MOVABLE EQUIPMENT	5467743	1013660		1013660	282382	6199021	6
7 SUBTOTAL	17350305	7841999		7841999	2109752	23082552	7
8 RECONCILING ITEMS							8
9 TOTAL	17350305	7841999		7841999	2109752	23082552	9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

----- COMPUTATION OF RATIOS -----					----- ALLOCATION OF OTHER CAPITAL -----			
DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	16645855		16645855	.728647				3
4 NEW CAP REL COSTS-MVBLE EQUIP	6199021		6199021	.271353				4
5 TOTAL	22844876		22844876	1.000000				5

----- SUMMARY OF OLD AND NEW CAPITAL -----							
DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	151412			18132			169544 3
4 NEW CAP REL COSTS-MVBLE EQUIP	417604			16737			434341 4
5 TOTAL	569016			34869			603885 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

----- SUMMARY OF OLD AND NEW CAPITAL -----							
DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	297332						297332 3
4 NEW CAP REL COSTS-MVBLE EQUIP	417604						417604 4
5 TOTAL	714936						714936 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
		1	2	COST CENTER 3	4	5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS	B	-8045	ADMINISTRATION & ACCOUNTING	6.01	6
7	REFUNDS AND REBATES OF EXPENSES	B	-16439	ADMINISTRATION & ACCOUNTING	6.01	7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-188	GENERAL	6.02	9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
		A-8-2	-483563			12
13	SALE OF SCRAP, WASTE, ETC.	B	-308	RADIOLOGY-DIAGNOSTIC	41	13
14	RELATED ORGANIZATION TRANSACTIONS	WKST				
		A-8-1				14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-43034	DIETARY	11	16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-2251	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4796	MEDICAL RECORDS & LIBRARY	17	20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22	VENDING MACHINES	B	-861	ADMINISTRATION & ACCOUNTING	6.01	22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
		A-8-4		RESPIRATORY THERAPY	49	25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
		A-8-4		PHYSICAL THERAPY	50	26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
		A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
		WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
		WKST A-8-4				36
37	NUTRITIONAL SERVICES	A	-9088	DIETARY	11	37
38	CRNA	A	-34182	ANESTHESIOLOGY	40	38
39	LOBBYING PORTION OF DUES	A	-8480	ADMINISTRATION & ACCOUNTING	6.01	39
40	MARKETING COSTS	A	-26252	GENERAL	6.02	40
41	ADVERTISING COST	A	24	ASSISTED LIVING	98.02	41
42						42
43	CASH OVER/SHORT	B	-1	GENERAL	6.02	43
44	OTHER OPERATING REVENUE	B	-50	ADMINISTRATION & ACCOUNTING	6.01	44
45						45
46						9 46
47	ALCOHOLIC BEVERAGES	A	-1272	ADMINISTRATION & ACCOUNTING	6.01	47
48	DIAMOND CLUB FEES	B	-8566	GENERAL	6.02	48
49	DAYCARE REVENUE	B	-4072	ADMINISTRATION & ACCOUNTING	6.01	49
49.01	AMBULANCE RECEIPTS	B	-6745	ADMINISTRATION & ACCOUNTING	6.01	49.01
49.05	MEDICAID TAX ASSESSMENT	A	-123166	GENERAL	6.02	49.05
49.06	RETIREMENT OBLIGATION	A	-1692	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.06
49.07	ACCRETION EXPENSE	A	-6628	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.07
49.08	PROVISION FOR BAD DEBTS	A	-1241004	ADMINISTRATION & ACCOUNTING	6.01	49.08
49.09	PHYSICIAN RECRUITMENT	B	-2500	ADMINISTRATION & ACCOUNTING	6.01	49.09
49.10	O/P PT STAFF - OTHER REV	B	-28135	PHYSICAL THERAPY	50	49.10
49.11	OTHER NON-OPERATING INCOME	B	-10348	GENERAL	6.02	49.11
49.12	GARNISHMENT FEES	B	-44	EMPLOYEE BENEFITS	5	49.12
49.13	LINEN CHARGES TO SYSTEM	B	-38	ADMINISTRATION & ACCOUNTING	6.01	49.13
49.20	NON-MEDICARE COST	A	-7836	ADMINISTRATION & ACCOUNTING	6.01	9 49.20
49.21	NON-MEDICARE COST	A	-8128	MEDICAL RECORDS & LIBRARY	17	49.21
49.48	DONATIONS	A	-1050	EMPLOYEE BENEFITS	5	49.48
49.49	DONATIONS	A	-1773	ADMINISTRATION & ACCOUNTING	6.01	49.49
49.50	LAND RENTAL TO HILLSBORO HEALTH S	A	-41	ADMINISTRATION & ACCOUNTING	6.01	49.50
50	TOTAL		-2090552			50

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	50	PHYSICAL THERAPY	RENT	19725	19725	1
2	5	EMPLOYEE BENEFITS	WELLNESS BENEFIT	125279	125279	2
3						3
4						4
5		TOTALS		145004	145004	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	HILLSBORO HEALTH SERVICES	HILLSBORO HEALTH SERVICES		HEALTH RELATED SERVICES	1
2	G	HILLSBORO HEALTH SERVICES	HILLSBORO HEALTH SERVICES		HEALTH RELATED SERVICES	2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY: NON-FINANCIAL

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	LAB	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2			3	4	5	6	7	8	9
1	44	LABORATORY	LAB	102664	54412	48252				
2	53	ELECTROCARDIOLOGY	EKB	18750	18750					
3	61	EMERGENCY	ER	1015593	410401	605192				
101		TOTAL		1137007	483563	653444				

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.			12	13	14	15	16	17	18
1	44	LABORATORY							54412
2	53	ELECTROCARDIOLOGY							18750
3	61	EMERGENCY							410401
101		TOTAL							483563

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRA TION & ACC OUNTING 6.01	SUBTOTAL 6.02	GENERAL 6.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	169544	169544							3
4 NEW CAP REL COSTS-MVBLE EQUIP	434341		434341						4
5 EMPLOYEE BENEFITS	1702600	750	5010	1708360					5
6.01 ADMINISTRATION & ACCOUNTING	823346	27880	549	40630	892405	892405			6.01
6.02 GENERAL	386727	16038	72936	56723	532424	36632	569056	569056	6.02
6.03 ADMITTING	71082	629	156	19574	91441	6291	97732	4662	6.03
6.04 PATIENT ACCOUNTING	379350	3692	5798	61949	450789	31015	481804	22983	6.04
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	526271	12251	12942	50970	602434	41449	643883	30714	8
9 LAUNDRY & LINEN SERVICE	75277	6584	2487	12592	96940	6670	103610	4942	9
10 HOUSEKEEPING	142413	726	622	38415	182176	12534	194710	9288	10
11 DIETARY	186235	8700	5357	34725	235017	16170	251187	11982	11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
14.01 UR/QUALITY IMPROVEMENT	113297	346	1226	33069	147938	10178	158116	7542	14.01
14.02 NURSING ADMINISTRATION	248764	2880	128	71459	323231	22239	345470	16479	14.02
15 CENTRAL SERVICES & SUPPLY									15
15.01 PURCHASING									15.01
15.02 CENTRAL SERVICES & SUPPLY	41856	5398	888	11878	60020	4129	64149	3060	15.02
16 PHARMACY	373035	1430	2240		376705	25918	402623	19206	16
17 MEDICAL RECORDS & LIBRARY	279841	5677	9659	63230	358407	24659	383066	18273	17
18 SOCIAL SERVICE	627				627	43	670	32	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS	864019	28971	29387	228527	1150904	79184	1230088	58676	25
ADULTS & PEDIATRICS									
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	845133	12075	65099	143221	1065528	73310	1138838	54324	37
40 ANESTHESIOLOGY	18245	162	16856		35263	2426	37689	1798	40
41 RADIOLOGY-DIAGNOSTIC	847415	6042	83823	116582	1053862	72508	1126370	53729	41
41.01 ULTRA SOUND	161754	727	3022		165503	11387	176890	8438	41.01
43 RADIOISOTOPE	416645	600			417245	28707	445952	21272	43
44 LABORATORY	950924	4197	49521	133001	1137643	78272	1215915	58000	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	108271	1210	5991	27972	143444	9869	153313	7313	49
49.50 SLEEP LAB	92069	886	515	11360	104830	7213	112043	5345	49.50
50 PHYSICAL THERAPY	645911	3274	23802	180998	853985	58756	912741	43539	50
51 OCCUPATIONAL THERAPY	80367		264	23401	104032	7158	111190	5304	51
53 ELECTROCARDIOLOGY	21697		5127		26824	1846	28670	1368	53
55 MEDICAL SUPPLIES CHARGED TO PAT	107219				107219	7377	114596	5466	55
56 DRUGS CHARGED TO PATIENTS	263906				263906	18157	282063	13455	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY	1305510	10898	12995	170975	1500378	103231	1603609	76497	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	12683691	162023	416400	1531251	12481120	797328	12386043	563687	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	76334	7521	192	19288	103335	7110	110445	5268	98
98.02 ASSISTED LIVING	1101429		17749	157379	1276557	87830	1364387		98.02
98.03 CARDIAC REHAB	1548			442	1990	137	2127	101	98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	13863002	169544	434341	1708360	13863002	892405	13863002	569056	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	ADMITTING	PATIENT AC COUNTING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	UR/QUALITY IMPROVEME NT	
	6.03	6.04	8	9	10	11	12	14.01	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 ADMINISTRATION & ACCOUNTING									6.01
6.02 GENERAL									6.02
6.03 ADMITTING	102394								6.03
6.04 PATIENT ACCOUNTING		504787							6.04
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			674597						8
9 LAUNDRY & LINEN SERVICE			44070	152622					9
10 HOUSEKEEPING			4859	8470	217327				10
11 DIETARY			58233	2416		323818			11
12 CAFETERIA					9612	218304	227916		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
14.01 UR/QUALITY IMPROVEMENT			2318		3098		8375	179449	14.01
14.02 NURSING ADMINISTRATION			19277		3098		6881		14.02
15 CENTRAL SERVICES & SUPPLY									15
15.01 PURCHASING									15.01
15.02 CENTRAL SERVICES & SUPPLY			36130		8382		5681		15.02
16 PHARMACY			9570		3098				16
17 MEDICAL RECORDS & LIBRARY			38000		3098		16617		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8845	43605	193921	96737	71136	96609	50092	179449	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	11907	58700	80825	10460	45146	8905	22485		37
40 ANESTHESIOLOGY	1795	8848	1082		3098				40
41 RADIOLOGY-DIAGNOSTIC	22142	109157	40441	8446	5171		21445		41
41.01 ULTRA SOUND	3544	17470	4869		3098				41.01
43 RADIOISOTOPE	5776	28476	4019		3098				43
44 LABORATORY	15649	77147	28092		3098		25312		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1422	7012	8101		3098		5094		49
49.50 SLEEP LAB	1178	5806	5931	1142	3098		2054		49.50
50 PHYSICAL THERAPY	9477	46719	21912	17712	14054		28966		50
51 OCCUPATIONAL THERAPY	844	4163			3098		3467		51
53 ELECTROCARDIOLOGY	1257	6196							53
55 MEDICAL SUPPLIES CHARGED TO PAT	3244	15991							55
56 DRUGS CHARGED TO PATIENTS	4601	22682							56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY	10713	52815	72947	6954	21571		31447		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	102394	504787	674597	152337	209150	323818	227916	179449	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES				285	8177				98
98.02 ASSISTED LIVING									98.02
98.03 CARDIAC REHAB									98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	102394	504787	674597	152622	217327	323818	227916	179449	103

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
		14.02	15.02	16	17	18	25	26	27
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	ADMINISTRATION & ACCOUNTING								6.01
6.02	GENERAL								6.02
6.03	ADMITTING								6.03
6.04	PATIENT ACCOUNTING								6.04
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY								11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
14.01	UR/QUALITY IMPROVEMENT								14.01
14.02	NURSING ADMINISTRATION	391205							14.02
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING								15.01
15.02	CENTRAL SERVICES & SUPPLY		117402						15.02
16	PHARMACY		1088	435585					16
17	MEDICAL RECORDS & LIBRARY		576		459630				17
18	SOCIAL SERVICE					702			18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								
	ADULTS & PEDIATRICS	161789	7330	2134	86013	702	2287126		2287126 25
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	106883	37648	8749	39830		1624700		1624700 37
40	ANESTHESIOLOGY		458	11069			65837		65837 40
41	RADIOLOGY-DIAGNOSTIC		5727	17872	138793		1549293		1549293 41
41.01	ULTRA SOUND		204				214513		214513 41.01
43	RADIOISOTOPE		1451	42324			552368		552368 43
44	LABORATORY		47691		64998		1535902		1535902 44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		1277	3192	4887		194709		194709 49
49.50	SLEEP LAB		18		5620		142235		142235 49.50
50	PHYSICAL THERAPY		1654	19	46916		1143709		1143709 50
51	OCCUPATIONAL THERAPY		22		1466		129554		129554 51
53	ELECTROCARDIOLOGY		249				37740		37740 53
55	MEDICAL SUPPLIES CHARGED TO PAT		6175				145472		145472 55
56	DRUGS CHARGED TO PATIENTS			349328			672129		672129 56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY	113009	5574	824	71107		2067067		2067067 61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	381681	117142	435511	459630	702	12362354		12362354 95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	9524	260	74			134033		134033 98
98.02	ASSISTED LIVING						1364387		1364387 98.02
98.03	CARDIAC REHAB						2228		2228 98.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	391205	117402	435585	459630	702	13863002		13863002 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINISTRA TION & ACC OUNTING 6.01	GENERAL 6.02	ADMITTING 6.03
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		750	5010	5760	5760			5
6.01	ADMINISTRATION & ACCOUNTING	27880	549	28429	137	28566			6.01
6.02	GENERAL	16038	72936	88974	191	1172	90337		6.02
6.03	ADMITTING	629	156	785	66	201	740	1792	6.03
6.04	PATIENT ACCOUNTING	3692	5798	9490	209	993	3649		6.04
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	12251	12942	25193	172	1327	4876		8
9	LAUNDRY & LINEN SERVICE	6584	2487	9071	42	213	785		9
10	HOUSEKEEPING	726	622	1348	130	401	1475		10
11	DIETARY	8700	5357	14057	117	518	1902		11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
14.01	UR/QUALITY IMPROVEMENT	346	1226	1572	111	326	1197		14.01
14.02	NURSING ADMINISTRATION	2880	128	3008	241	712	2616		14.02
15	CENTRAL SERVICES & SUPPLY								15
15.01	PURCHASING								15.01
15.02	CENTRAL SERVICES & SUPPLY	5398	888	6286	40	132	486		15.02
16	PHARMACY	1430	2240	3670		830	3049		16
17	MEDICAL RECORDS & LIBRARY	5677	9659	15336	213	789	2901		17
18	SOCIAL SERVICE					1	5		18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								
	ADULTS & PEDIATRICS	28971	29387	58358	773	2534	9315	155	25
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	12075	65099	77174	483	2346	8624	209	37
40	ANESTHESIOLOGY	162	16856	17018		78	285	32	40
41	RADIOLOGY-DIAGNOSTIC	6042	83823	89865	393	2321	8530	383	41
41.01	ULTRA SOUND	727	3022	3749		364	1340	62	41.01
43	RADIOISOTOPE	600		600		919	3377	101	43
44	LABORATORY	4197	49521	53718	448	2505	9208	275	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY	1210	5991	7201	94	316	1161	25	49
49.50	SLEEP LAB	886	515	1401	38	231	849	21	49.50
50	PHYSICAL THERAPY	3274	23802	27076	610	1880	6912	166	50
51	OCCUPATIONAL THERAPY		264	264	79	229	842	15	51
53	ELECTROCARDIOLOGY		5127	5127		59	217	22	53
55	MEDICAL SUPPLIES CHARGED TO PAT					236	868	57	55
56	DRUGS CHARGED TO PATIENTS					581	2136	81	56
	OUTPATIENT SERVICE COST CENTERS								
60	CLINIC								60
61	EMERGENCY	10898	12995	23893	576	3309	12140	188	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	162023	416400	578423	5163	25523	89485	1792	95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	7521	192	7713	65	228	836		98
98.02	ASSISTED LIVING		17749	17749	531	2811			98.02
98.03	CARDIAC REHAB				1	4	16		98.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	169544	434341	603885	5760	28566	90337	1792	103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	PATIENT AC COUNTING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	UR/QUALITY IMPROVEME NT	NURSING AD MINISTRATI ON	
	6.04	8	9	10	11	12	14.01	14.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 ADMINISTRATION & ACCOUNTING									6.01
6.02 GENERAL									6.02
6.03 ADMITTING									6.03
6.04 PATIENT ACCOUNTING	14341								6.04
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		31568							8
9 LAUNDRY & LINEN SERVICE		2062	12173						9
10 HOUSEKEEPING		227	676	4257					10
11 DIETARY		2725	193		19512				11
12 CAFETERIA				188	13154	13342			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION									14
14.01 UR/QUALITY IMPROVEMENT		108		61		490	3865		14.01
14.02 NURSING ADMINISTRATION		902		61		403		7943	14.02
15 CENTRAL SERVICES & SUPPLY									15
15.01 PURCHASING									15.01
15.02 CENTRAL SERVICES & SUPPLY		1691		164		333			15.02
16 PHARMACY		448		61					16
17 MEDICAL RECORDS & LIBRARY		1778		61		973			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
25 INPATIENT ROUTINE SERV COST CENTERS									
ADULTS & PEDIATRICS	1239	9075	7714	1391	5821	2932	3865	3285	25
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1667	3782	834	884	537	1316		2170	37
40 ANESTHESIOLOGY	251	51		61					40
41 RADIOLOGY-DIAGNOSTIC	3105	1892	674	101		1255			41
41.01 ULTRA SOUND	496	228		61					41.01
43 RADIOISOTOPE	809	188		61					43
44 LABORATORY	2191	1315		61		1482			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	199	379		61		298			49
49.50 SLEEP LAB	165	278	91	61		120			49.50
50 PHYSICAL THERAPY	1327	1025	1413	275		1696			50
51 OCCUPATIONAL THERAPY	118			61		203			51
53 ELECTROCARDIOLOGY	176								53
55 MEDICAL SUPPLIES CHARGED TO PAT	454								55
56 DRUGS CHARGED TO PATIENTS	644								56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
61 EMERGENCY	1500	3414	555	423		1841		2295	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	14341	31568	12150	4097	19512	13342	3865	7750	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			23	160				193	98
98.02 ASSISTED LIVING									98.02
98.03 CARDIAC REHAB									98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	14341	31568	12173	4257	19512	13342	3865	7943	103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	CENTRAL SE PHARMACY RVICES & S UPPLY	16	MEDICAL RECORDS & LIBRARY	17	SOCIAL SERVICE	18	SUBTOTAL	25	I&R COST & POST STEP- DOWN ADJS	26	TOTAL	27
GENERAL SERVICE COST CENTERS												
1 OLD CAP REL COSTS-BLDG & FIXT												1
2 OLD CAP REL COSTS-MVBLE EQUIP												2
3 NEW CAP REL COSTS-BLDG & FIXT												3
4 NEW CAP REL COSTS-MVBLE EQUIP												4
5 EMPLOYEE BENEFITS												5
6.01 ADMINISTRATION & ACCOUNTING												6.01
6.02 GENERAL												6.02
6.03 ADMITTING												6.03
6.04 PATIENT ACCOUNTING												6.04
7 MAINTENANCE & REPAIRS												7
8 OPERATION OF PLANT												8
9 LAUNDRY & LINEN SERVICE												9
10 HOUSEKEEPING												10
11 DIETARY												11
12 CAFETERIA												12
13 MAINTENANCE OF PERSONNEL												13
14 NURSING ADMINISTRATION												14
14.01 UR/QUALITY IMPROVEMENT												14.01
14.02 NURSING ADMINISTRATION												14.02
15 CENTRAL SERVICES & SUPPLY												15
15.01 PURCHASING												15.01
15.02 CENTRAL SERVICES & SUPPLY	9132											15.02
16 PHARMACY	85	8143										16
17 MEDICAL RECORDS & LIBRARY	45		22096									17
18 SOCIAL SERVICE					6							18
20 NONPHYSICIAN ANESTHETISTS												20
21 NURSING SCHOOL												21
22 I&R SERVICES-SALARY & FRINGES A												22
23 I&R SERVICES-OTHER PRGM COSTS A												23
24 PARAMED ED PRGM-(SPECIFY)												24
INPATIENT ROUTINE SERV COST CENTERS												
25 ADULTS & PEDIATRICS	570	40	4135		6	111208				111208		25
ANCILLARY SERVICE COST CENTERS												
37 OPERATING ROOM	2929	164	1915			105034				105034		37
40 ANESTHESIOLOGY	36	207				18019				18019		40
41 RADIOLOGY-DIAGNOSTIC	446	334	6673			115972				115972		41
41.01 ULTRA SOUND	16					6316				6316		41.01
43 RADIOISOTOPE	113	791				6959				6959		43
44 LABORATORY	3708		3125			78036				78036		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO												46.30
49 RESPIRATORY THERAPY	99	60	235			10128				10128		49
49.50 SLEEP LAB	1		270			3526				3526		49.50
50 PHYSICAL THERAPY	129		2255			44764				44764		50
51 OCCUPATIONAL THERAPY	2		70			1883				1883		51
53 ELECTROCARDIOLOGY	19					5620				5620		53
55 MEDICAL SUPPLIES CHARGED TO PAT	480					2095				2095		55
56 DRUGS CHARGED TO PATIENTS		6531				9973				9973		56
OUTPATIENT SERVICE COST CENTERS												
60 CLINIC												60
61 EMERGENCY	434	15	3418			54001				54001		61
62 OBSERVATION BEDS (NON-DISTINCT												62
63.50 RHC												63.50
63.60 PQHC												63.60
OTHER REIMBURSABLE COST CENTERS												
69.10 CMHC												69.10
69.20 OUTPATIENT PHYSICAL THERAPY												69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY												69.30
69.40 OUTPATIENT SPEECH PATHOLOGY												69.40
71 HOME HEALTH AGENCY												71
SPECIAL PURPOSE COST CENTERS												
85.01 PANCREAS ACQUISITION												85.01
85.02 INTESTINAL ACQUISITION												85.02
85.03 ISLET CELL ACQUISITION												85.03
95 SUBTOTALS	9112	8142	22096		6	573534				573534		95
NONREIMBURSABLE COST CENTERS												
98 PHYSICIANS' PRIVATE OFFICES	20	1				9239				9239		98
98.02 ASSISTED LIVING						21091				21091		98.02
98.03 CARDIAC REHAB						21				21		98.03
101 CROSS FOOT ADJUSTMENTS												101
102 NEGATIVE COST CENTER												102
103 TOTAL	9132	8143	22096		6	603885				603885		103

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET T	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE UE	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION DOLLAR 6A.01	ADMINISTRA TION & ACC OUNTING ACCUM COST 6.01	RECON- CILIATION 6.02	GENERAL ACCUM COST 6.02
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	5873838						3
4	NEW CAP REL COSTS-MVBLE EQUIP		417603					4
5	EMPLOYEE BENEFITS	25980	4817	5679837				5
6.01	ADMINISTRATION & ACCOUNTING	965911	528	135085	-892405	12970597		6.01
6.02	GENERAL	555644	70125	188590		532424	-569056	6.02
6.03	ADMITTING	21800	150	65077		91441		6.03
6.04	PATIENT ACCOUNTING	127900	5575	205965		450789		6.04
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	424450	12443	169463		602434		8
9	LAUNDRY & LINEN SERVICE	228100	2391	41865		96940		9
10	HOUSEKEEPING	25150	598	127718		182176		10
11	DIETARY	301406	5151	115453		235017		11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION							14
14.01	UR/QUALITY IMPROVEMENT	12000	1179	109946		147938		14.01
14.02	NURSING ADMINISTRATION	99775	123	237581		323231		14.02
15	CENTRAL SERVICES & SUPPLY							15
15.01	PURCHASING							15.01
15.02	CENTRAL SERVICES & SUPPLY	187000	854	39491		60020		15.02
16	PHARMACY	49531	2154			376705		16
17	MEDICAL RECORDS & LIBRARY	196679	9287	210224		358407		17
18	SOCIAL SERVICE					627		18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES							22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMED ED PRGM-(SPECIFY)							24
25	INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	1003687	28255	759783		1150904		25
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	418338	62590	476173		1065528		37
40	ANESTHESIOLOGY	5600	16206			35263		40
41	RADIOLOGY-DIAGNOSTIC	209313	80591	387604		1053862		41
41.01	ULTRA SOUND	25200	2906			165503		41.01
43	RADIOISOTOPE	20800				417245		43
44	LABORATORY	145400	47613	442193		1137643		44
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
49	RESPIRATORY THERAPY	41931	5760	92998		143444		49
49.50	SLEEP LAB	30700	495	37768		104830		49.50
50	PHYSICAL THERAPY	113414	22885	601771		853985		50
51	OCCUPATIONAL THERAPY		254	77802		104032		51
53	ELECTROCARDIOLOGY		4929			26824		53
55	MEDICAL SUPPLIES CHARGED TO P					107219		55
56	DRUGS CHARGED TO PATIENTS					263906		56
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC							60
61	EMERGENCY	377562	12494	568446		1500378		61
62	OBSERVATION BEDS (NON-DISTINC							62
63.50	RHC							63.50
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERA							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
95	SUBTOTALS	5613271	400353	5090996	-892405	11588715	-569056	95
NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	260567	185	64128		103335		98
98.02	ASSISTED LIVING		17065	523243		1276557	-1364387	98.02
98.03	CARDIAC REHAB			1470		1990		98.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A.01	ADMINISTRA TION & ACC OUNTING ACCUM COST 6.01	RECON- CILIATION 6.02	GENERAL ACCUM COST 6.02
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	169544	434341	1708360		892405	569056	103
104 UNIT COST MULT-WS B PT I		1.040081					104
104 UNIT COST MULT-WS B PT I	.028864		.300776		.068802	.047701	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III			5760		28566	90337	107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III			.001014		.002202	.007573	108

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COST CENTER DESCRIPTION	ADMITTING	PATIENT AC	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	UR/QUALITY
	GROSS CHAR	GROSS CHAR	SQUARE FEE	POUNDS OF	HOURS OF S	MEALS SERV	PTE'S SERV	IMPROVEME
	GES	GES	T	LAUNDRY	ERVICE	ED	ED	NT
	6.03	6.04	8	9	10	11	12	14.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 ADMINISTRATION & ACCOUNTING								6.01
6.02 GENERAL								6.02
6.03 ADMITTING	25695983							6.03
6.04 PATIENT ACCOUNTING		25695983						6.04
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT			3491586					8
9 LAUNDRY & LINEN SERVICE			228100	155393				9
10 HOUSEKEEPING			25150	8624	9541			10
11 DIETARY			301406	2460		29456		11
12 CAFETERIA					422	19858	8545	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
14.01 UR/QUALITY IMPROVEMENT			12000		136		314	14.01
14.02 NURSING ADMINISTRATION			99775		136		258	14.02
15 CENTRAL SERVICES & SUPPLY								15
15.01 PURCHASING								15.01
15.02 CENTRAL SERVICES & SUPPLY			187000		368		213	15.02
16 PHARMACY			49531		136			16
17 MEDICAL RECORDS & LIBRARY			196679		136		623	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2219669	2219669	1003687	98493	3123	8788	1878	3078 25
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2988052	2988052	418338	10650	1982	810	843	37
40 ANESTHESIOLOGY	450408	450408	5600		136			40
41 RADIOLOGY-DIAGNOSTIC	5557017	5557017	209313	8599	227		804	41
41.01 ULTRA SOUND	889283	889283	25200		136			41.01
43 RADIOISOTOPE	1449508	1449508	20800		136			43
44 LABORATORY	3927043	3927043	145400		136		949	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	356921	356921	41931		136		191	49
49.50 SLEEP LAB	295565	295565	30700	1163	136		77	49.50
50 PHYSICAL THERAPY	2378154	2378154	113414	18034	617		1086	50
51 OCCUPATIONAL THERAPY	211910	211910			136		130	51
53 ELECTROCARDIOLOGY	315396	315396						53
55 MEDICAL SUPPLIES CHARGED TO P	814000	814000						55
56 DRUGS CHARGED TO PATIENTS	1154610	1154610						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY	2688447	2688447	377562	7080	947		1179	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	25695983	25695983	3491586	155103	9182	29456	8545	3078 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES				290	359			98
98.02 ASSISTED LIVING								98.02
98.03 CARDIAC REHAB								98.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		ADMITTING GROSS GES	PATIENT AC COUNTING GES	OPERATION OF PLANT T	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF S ERVICE	DIETARY MEALS SERV ED	CAFETERIA FTE'S SERV ED	UR/QUALITY IMPROVEME NT DIRECT NRS ING HRS
		6.03	6.04	8	9	10	11	12	14.01
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	102394	504787	674597	152622	217327	323818	227916	179449 103
104	UNIT COST MULT-WS B PT I	.003985		.193206		22.778220		26.672440	104
104	UNIT COST MULT-WS B PT I		.019645		.982168		10.993278		58.300520 104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III	1792	14341	31568	12173	4257	19512	13342	3865 107
108	UNIT COST MULT-WS B PT III	.000070		.009041		.446180		1.561381	108
108	UNIT COST MULT-WS B PT III		.000558		.078337		.662412		1.255686 108

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COST CENTER DESCRIPTION	NURSING ADMINISTRATION DIRECT NRS ING HRS	CENTRAL SERVICES & SUPPLY COSTED REQ UIS.	PHARMACY COSTED REQ UIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	
	14.02	15.02	16	17	18	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.01 ADMINISTRATION & ACCOUNTING						6.01
6.02 GENERAL						6.02
6.03 ADMITTING						6.03
6.04 PATIENT ACCOUNTING						6.04
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
14.01 UR/QUALITY IMPROVEMENT						14.01
14.02 NURSING ADMINISTRATION	44445					14.02
15 CENTRAL SERVICES & SUPPLY						15
15.01 PURCHASING						15.01
15.02 CENTRAL SERVICES & SUPPLY		801791				15.02
16 PHARMACY		7431	327801			16
17 MEDICAL RECORDS & LIBRARY		3933		1881		17
18 SOCIAL SERVICE					100	18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	18381	50058	1606	352	100	25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12143	257112	6584	163		37
40 ANESTHESIOLOGY		3129	8330			40
41 RADIOLOGY-DIAGNOSTIC		39114	13450	568		41
41.01 ULTRA SOUND		1392				41.01
43 RADIOISOTOPE		9912	31851			43
44 LABORATORY		325698		266		44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY		8723	2402	20		49
49.50 SLEEP LAB		124		23		49.50
50 PHYSICAL THERAPY		11295	14	192		50
51 OCCUPATIONAL THERAPY		149		6		51
53 ELECTROCARDIOLOGY		1703				53
55 MEDICAL SUPPLIES CHARGED TO P		42173				55
56 DRUGS CHARGED TO PATIENTS			262888			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	12839	38068	620	291		61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	43363	800014	327745	1881	100	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES	1082	1777	56			98
98.02 ASSISTED LIVING						98.02
98.03 CARDIAC REHAB						98.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING AD	CENTRAL SE	PHARMACY	MEDICAL	SOCIAL
	MINISTRATI	RVICES & S		RECORDS &	SERVICE
	ON	UPPLY		LIBRARY	
	DIRECT NRS	COSTED REQ	COSTED REQ	TIME SPENT	TIME SPENT
	ING HRS	UIS.	UIS.		
	14.02	15.02	16	17	18
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	391205	117402	435585	459630	702
104 UNIT COST MULT-WS B PT I	8.802002		1.328809		7.020000
104 UNIT COST MULT-WS B PT I		.146425		244.354067	
105 COST TO BE ALLOC PER B PT II					105
106 UNIT COST MULT-WS B PT II					106
106 UNIT COST MULT-WS B PT II					106
107 COST TO BE ALLOC PER B PT III	7943	9132	8143	22096	6
108 UNIT COST MULT-WS B PT III	.178715		.024841		.060000
108 UNIT COST MULT-WS B PT III		.011390		11.746943	
					108

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	2287126					25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1624700					37
40 ANESTHESIOLOGY	65837					40
41 RADIOLOGY-DIAGNOSTIC	1549293					41
41.01 ULTRA SOUND	214513					41.01
43 RADIOISOTOPE	552368					43
44 LABORATORY	1535902					44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	194709					49
49.50 SLEEP LAB	142235					49.50
50 PHYSICAL THERAPY	1143709					50
51 OCCUPATIONAL THERAPY	129554					51
53 ELECTROCARDIOLOGY	37740					53
55 MEDICAL SUPPLIES CHARGED TO	145472					55
56 DRUGS CHARGED TO PATIENTS	672129					56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	2067067					61
62 OBSERVATION BEDS (NON-DISTI	89944		89944		89944	62
63.50 RHC						63.50
63.60 PQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	12452298		89944		89944	101
102 LESS OBSERVATION BEDS	89944		89944		89944	102
103 TOTAL	12362354					103

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
25 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	2219668		2219668			25
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	44377	2943676	2988053	.543732		37
40 ANESTHESIOLOGY	9995	440413	450408	.146172		40
41 RADIOLOGY-DIAGNOSTIC	259512	5297504	5557016	.278799		41
41.01 ULTRA SOUND	97754	791530	889284	.241220		41.01
43 RADIOISOTOPE	59125	1390383	1449508	.381073		43
44 LABORATORY	560768	3366276	3927044	.391109		44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	263085	93836	356921	.545524		49
49.50 SLEEP LAB	2266	293299	295565	.481231		49.50
50 PHYSICAL THERAPY	262123	2116031	2378154	.480923		50
51 OCCUPATIONAL THERAPY	100130	111780	211910	.611363		51
53 ELECTROCARDIOLOGY	45172	270224	315396	.119659		53
55 MEDICAL SUPPLIES CHARGED TO	320220	493780	814000	.178713		55
56 DRUGS CHARGED TO PATIENTS	512383	642227	1154610	.582126		56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	262	2688185	2688447	.768870		61
62 OBSERVATION BEDS (NON-DISTI		209602	209602	.429118	.429118	.429118 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	4756840	21148746	25905586			101
102 LESS OBSERVATION BEDS						102
103 TOTAL			25905586			103

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-1332)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	DIAGNOSTIC
	1	1.01	1.02	2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.543732	.543732	.543732			37
40 ANESTHESIOLOGY	.146172	.146172	.146172			40
41 RADIOLOGY-DIAGNOSTIC	.278799	.278799	.278799			41
41.01 ULTRA SOUND	.241220	.241220	.241220			41.01
43 RADIOISOTOPE	.381073	.381073	.381073			43
44 LABORATORY	.391109	.391109	.391109			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.545524	.545524	.545524			49
49.50 SLEEP LAB	.481231	.481231	.481231			49.50
50 PHYSICAL THERAPY	.480923	.480923	.480923			50
51 OCCUPATIONAL THERAPY	.611363	.611363	.611363			51
53 ELECTROCARDIOLOGY	.119659	.119659	.119659			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.178713	.178713	.178713			55
56 DRUGS CHARGED TO PATIENTS	.582126	.582126	.582126			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY	.768870	.768870	.768870			61
62 OBSERVATION BEDS (NON-DISTINCT	.429118	.429118	.429118			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
104 NET CHARGES						103
						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1
2	VACCINE CHARGES (OTHER THAN HEPATITIS B)	2
2.01	VACCINE CHARGES - HEPATITIS B	2.01
3	VACCINE COSTS (OTHER THAN HEPATITIS B)	3
3.01	VACCINE COSTS - HEPATITIS B	3.01

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 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2010.09
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-1332)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OTHER
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	OUTPATIENT
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER		DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1569370							37
40 ANESTHESIOLOGY	229408							40
41 RADIOLOGY-DIAGNOSTIC	2052883							41
41.01 ULTRA SOUND	279040							41.01
43 RADIOISOTOPE	744773							43
44 LABORATORY	1628849							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	32133							49
49.50 SLEEP LAB	100087							49.50
50 PHYSICAL THERAPY	866273							50
51 OCCUPATIONAL THERAPY	35522							51
53 ELECTROCARDIOLOGY	138845							53
55 MEDICAL SUPPLIES CHARGED TO PA	319641							55
56 DRUGS CHARGED TO PATIENTS	255358							56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY	874858							61
62 OBSERVATION BEDS (NON-DISTINCT	56610							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	9183650							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	9183650							104

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-1332)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	853317						37
40 ANESTHESIOLOGY	33533						40
41 RADIOLOGY-DIAGNOSTIC	572342						41
41.01 ULTRA SOUND	67310						41.01
43 RADIOISOTOPE	283813						43
44 LABORATORY	637058						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	17529						49
49.50 SLEEP LAB	48165						49.50
50 PHYSICAL THERAPY	416611						50
51 OCCUPATIONAL THERAPY	21717						51
53 ELECTROCARDIOLOGY	16614						53
55 MEDICAL SUPPLIES CHARGED TO PAT	57124						55
56 DRUGS CHARGED TO PATIENTS	148651						56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY	672652						61
62 OBSERVATION BEDS (NON-DISTINCT	24292						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	3870728						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	3870728						104

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

		OLD CAPITAL		NEW CAPITAL			
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
COST CENTER DESCRIPTION		1	2	3	4	5	6
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS				111208	58276	52932
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY						
101	TOTAL				111208		52932

		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
COST CENTER DESCRIPTION		7	8	9	10	11	12
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS	1525	100			34.71	3471
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY						
101	TOTAL	1525	100				3471

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-1332) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		105034	2988053				.035151	37
40 ANESTHESIOLOGY		18019	450408				.040006	40
41 RADIOLOGY-DIAGNOSTIC		115972	5557016				.020869	41
41.01 ULTRA SOUND		6316	889284				.007102	41.01
43 RADIOISOTOPE		6959	1449508				.004801	43
44 LABORATORY		78036	3927044				.019871	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		10128	356921				.028376	49
49.50 SLEEP LAB		3526	295565				.011930	49.50
50 PHYSICAL THERAPY		44764	2378154				.018823	50
51 OCCUPATIONAL THERAPY		1883	211910				.008886	51
53 ELECTROCARDIOLOGY		5620	315396				.017819	53
55 MEDICAL SUPPLIES CHARGED TO P		2095	814000				.002574	55
56 DRUGS CHARGED TO PATIENTS		9973	1154610				.008638	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY		54001	2688447				.020086	61
62 OBSERVATION BEDS (NON-DISTINC			209602					62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		462326	23685918					101

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII-PT A
BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					1525		100	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					1525		100	101

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-1332)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2				3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRA SOUND							41.01
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.50 SLEEP LAB							49.50
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-1332)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2988053					37
40 ANESTHESIOLOGY		450408					40
41 RADIOLOGY-DIAGNOSTIC		5557016					41
41.01 ULTRA SOUND		889284					41.01
43 RADIOISOTOPE		1449508					43
44 LABORATORY		3927044					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		356921					49
49.50 SLEEP LAB		295565					49.50
50 PHYSICAL THERAPY		2378154					50
51 OCCUPATIONAL THERAPY		211910					51
53 ELECTROCARDIOLOGY		315396					53
55 MEDICAL SUPPLIES CHARGED TO P		814000					55
56 DRUGS CHARGED TO PATIENTS		1154610					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		2688447					61
62 OBSERVATION BEDS (NON-DISTINC		209602					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		23685918					101

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WORKSHEET D
PART IV

	ANCILLARY SERVICE COST CENTERS	
37	OPERATING ROOM	37
40	ANESTHESIOLOGY	40
41	RADIOLOGY-DIAGNOSTIC	41
41.01	ULTRA SOUND	41.01
43	RADIOISOTOPE	43
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
49.50	SLEEP LAB	49.50
50	PHYSICAL THERAPY	50
51	OCCUPATIONAL THERAPY	51
53	ELECTROCARDIOLOGY	53
55	MEDICAL SUPPLIES CHARGED TO P	55
56	DRUGS CHARGED TO PATIENTS	56
	OUTPATIENT SERVICE COST CENTERS	
60	CLINIC	60
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
	OTHER REIMBURSABLE COST CENTERS	
101	TOTAL	101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3204					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	1525					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1525					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1679					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1093					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1679					10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2287126						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	1198521						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1088605						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1120509						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1120509						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.971527						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	734.76						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1088605						37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	713.83					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	780216					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	780216					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	481235					48
49 TOTAL PROGRAM INPATIENT COSTS	1261451					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1198521	60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1198521	62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS		65

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WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

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WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	126	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	713.84	84
85 OBSERVATION BED COST	89944	85

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WORKSHEET D-1
 PART I

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	3204					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	1525					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1525					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1679					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	100					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2287126						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST	1198521						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1088605						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1120509						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1120509						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.971527						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	734.76						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1088605						37

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WORKSHEET D-1
PART II

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	713.83					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	71383					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	71383					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	71383					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3471					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	3471					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

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WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1332)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

NF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS
72 PER DIEM CAPITAL RELATED COSTS
73 PROGRAM CAPITAL RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

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WORKSHEET D-1
 PARTS III & IV

	[] TITLE V-INPT					[] TITLE XVIII-PART A					[XX] TITLE XIX-INPT				
						HOSPITAL	SUB I		SUB II		SUB III		SUB IV		
						(OTHER)									
						(14-1332)									
						1	1		1		1		1		
PART IV - COMPUTATION OF OBSERVATION BED COST															
83 TOTAL OBSERVATION BEDS							126								83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM							713.84								84
85 OBSERVATION BED COST							89944								85

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-1332)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		894851		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.543732	18138	9862	37
40 ANESTHESIOLOGY	.146172	4128	603	40
41 RADIOLOGY-DIAGNOSTIC	.278799	173313	48319	41
41.01 ULTRA SOUND	.241220	69996	16884	41.01
43 RADIOISOTOPE	.381073	45027	17159	43
44 LABORATORY	.391109	321907	125901	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.545524	152729	83317	49
49.50 SLEEP LAB	.481231			49.50
50 PHYSICAL THERAPY	.480923	44459	21381	50
51 OCCUPATIONAL THERAPY	.611363	13215	8079	51
53 ELECTROCARDIOLOGY	.119659	32184	3851	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.178713	172381	30807	55
56 DRUGS CHARGED TO PATIENTS	.582126	197676	115072	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY	.768870			61
62 OBSERVATION BEDS (NON-DISTINCT	.429118			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1245153	481235	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1245153		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL
 [XX] TITLE XVIII-PT A [] SUB I
 [] TITLE XIX [] SUB II
 [] SUB III
 [] SUB IV

[] SNF [] PPS
 [] NF [] TEFRA
 [XX] S/B-SNF (14-Z332) [XX] OTHER
 [] S/B-NF
 [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				25
25 ADULTS & PEDIATRICS				
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.543732	1650	897	37
40 ANESTHESIOLOGY	.146172	68	10	40
41 RADIOLOGY-DIAGNOSTIC	.278799	32529	9069	41
41.01 ULTRA SOUND	.241220	7196	1736	41.01
43 RADIOISOTOPE	.381073	6129	2336	43
44 LABORATORY	.391109	151404	59215	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.545524	110356	60202	49
49.50 SLEEP LAB	.481231	2266	1090	49.50
50 PHYSICAL THERAPY	.480923	213035	102453	50
51 OCCUPATIONAL THERAPY	.611363	81759	49984	51
53 ELECTROCARDIOLOGY	.119659	2861	342	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.178713	95727	17108	55
56 DRUGS CHARGED TO PATIENTS	.582126	193216	112476	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
61 EMERGENCY	.768870	262	201	61
62 OBSERVATION BEDS (NON-DISTINCT	.429118			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		898458	417119	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		898458		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-1332)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
25 INPATIENT ROUTINE SERVICE COST CENTERS			25
ADULTS & PEDIATRICS			
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.543732		37
40 ANESTHESIOLOGY	.146172		40
41 RADIOLOGY-DIAGNOSTIC	.278799		41
41.01 ULTRA SOUND	.241220		41.01
43 RADIOISOTOPE	.381073		43
44 LABORATORY	.391109		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.545524		49
49.50 SLEEP LAB	.481231		49.50
50 PHYSICAL THERAPY	.480923		50
51 OCCUPATIONAL THERAPY	.611363		51
53 ELECTROCARDIOLOGY	.119659		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.178713		55
56 DRUGS CHARGED TO PATIENTS	.582126		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
61 EMERGENCY	.768870		61
62 OBSERVATION BEDS (NON-DISTINCT	.429118		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
DRG AMOUNT				
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1			1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1			1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS			1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1			1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1			1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED			1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001			1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001			1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997			2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT			2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD			3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I			3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT			3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996			3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)			3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15] [PLUS LN.3.06]			3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00	3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1			3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1			3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09			3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10			3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS			3.13
3.14	CURRENT YEAR ALLOWABLE FTE			3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..			3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..			3.16
	RES. IN INIT YRS			
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00		3.17

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WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						
3.21						3.21
3.22						3.22
3.23						3.23
[SUM OF LINES][PLUS E-3,PT.VI]						
[3.21-3.23][LINE 23]						
3.24						3.24
SUM OF LINES 3.21-3.23 0 0						
DISPROPORTIONATE SHARE ADJUSTMENT						
4						4
PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE						
PART A PATIENT DAYS						
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						
SUM OF 4 AND 4.01						
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						
DISPROPORTIONATE SHARE ADJUSTMENT						
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD						
BENEFICIARY DISCHARGES						
5						5
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING						
DISCHARGES FOR DRGs 302, 316 AND 317						
5.01						5.01
TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,						
316 AND 317						
5.02						5.02
DIVIDE LINE 5.01 BY LINE 5						
5.03						5.03
TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs						
302, 316 AND 317						
5.04						5.04
RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						
5.05						5.05
AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						
5.06						5.06
TOTAL ADDITIONAL PAYMENT						
6						6
SUBTOTAL						
7						7
HOSPITAL SPECIFIC PAYMENTS						
7.01						7.01
HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						
8						8
TOTAL PAYMENT FOR INPATIENT OPERATING COSTS						
9						9
PAYMENT FOR INPATIENT PROGRAM CAPITAL						
10						10
EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						
11						11
DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						
11.01						11.01
NURSING AND ALLIED HEALTH MANAGED CARE						
11.02						11.02
ADD-ON PAYMENT FOR NEW TECHNOLOGIES						
12						12
NET ORGAN ACQUISITION COST						
13						13
COST OF TEACHING PHYSICIANS						
14						14
ROUTINE SERVICE OTHER PASS THROUGH COSTS						
15						15
ANCILLARY SERVICE OTHER PASS THROUGH COSTS						
16						16
TOTAL						
17						17
PRIMARY PAYER PAYMENTS						
18						18
TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES						
19						19
DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES						
20						20
COINSURANCE BILLED TO PROGRAM BENEFICIARIES						
21						21
REIMBURSABLE BAD DEBTS						
21.01						21.01
REDUCED PROGRAM REIMBURSABLE BAD DEBTS						
21.02						21.02
REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						
22						22
SUBTOTAL						

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WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER					26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS					28
28.01	TENTATIVE SETTLEMENT (FOR PI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1332) 1	HOSPITAL (14-1332) 1.01	HOSPITAL (14-1332) 1.02	
1 MEDICAL AND OTHER SERVICES	3870728			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3870728			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3909435			17
17.01 TOTAL PPS PAYMENTS				17.01

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1332) 1	HOSPITAL (14-1332) 1.01	HOSPITAL (14-1332) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	40988		18
18.01 COINSURANCE	1530416		18.01
19 SUBTOTAL	2338031		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2338031		23
24 PRIMARY PAYER PAYMENTS	461		24
25 SUBTOTAL	2337570		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	267877		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	267877		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	267877		27.02
28 SUBTOTAL	2605447		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2605447		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2566043		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	39404		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	38783		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-1332)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		990419		2510155	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 05/14/2010 .02 .03 .04 .05 .50 .51 .52 .53 .54	12250 NONE 	05/14/2010 	55888 	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	12250		55888	3.99
4 TOTAL INTERIM PAYMENTS		1002669		2566043	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE NONE 		NONE NONE 	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	11118 		39404 	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1013787		2605447	7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
SWING BED SKILLED NURSING FACILITY (14-Z332)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1694359		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02	4890		3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50	05/14/2010		3.50
	PROVIDER .51	54768		3.51
	TO .52		NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99	-49878		3.99
4 TOTAL INTERIM PAYMENTS		1644481		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02	-52352		6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1592129		7
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

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CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V S/B NF	--- TITLE XVIII --- S/B SNF S/B SNF PART A PART B (14-Z332) (14-Z332)	--- TITLE XIX --- S/B SNF S/B NF
	1	1 2	1 1
1 INPATIENT ROUTINE SERVICES - SWING BED - SNF		1210506	1
2 INPATIENT ROUTINE SERVICES - SWING BED - NF			2
3 ANCILLARY SERVICES		421290	3
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM			4
5 PROGRAM DAYS		1679	5
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM			6
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY			7
8 SUBTOTAL		1631796	8
9 PRIMARY PAYER PAYMENTS			9
10 SUBTOTAL		1631796	10
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)			11
12 SUBTOTAL		1631796	12
13 COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		39667	13
14 80% OF PART B COSTS			14
15 SUBTOTAL		1592129	15
16 OTHER ADJUSTMENTS			16
17 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL		1592129	18
19 SEQUESTRATION ADJUSTMENT			19
20 INTERIM PAYMENTS		1644481	20
20.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			20.01
21 BALANCE DUE PROVIDER/PROGRAM		-52352	21
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		16189	22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET R-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNF I
1 INPATIENT SERVICES	1261451					1
1.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)						1.01
2 ORGAN ACQUISITION						2
3 COST OF TEACHING PHYSICIANS						3
4 SUBTOTAL	1261451					4
5 PRIMARY PAYER PAYMENTS	1072					5
6 TOTAL COST	1272983					6
COMPUTATION OF LESSER OF COST OR CHARGES						
7 REASONABLE CHARGES						7
8 ROUTINE SERVICE CHARGES						8
9 ANCILLARY SERVICE CHARGES						9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE						10
11 TEACHING PHYSICIANS						11
12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS						12
13 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						13
14 RATIO OF LINE 12 TO LINE 13						14
15 TOTAL CUSTOMARY CHARGES						15
16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						16
17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						17

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WORKSHEET E-3
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1332)	SUB I	SUB II	SUB III	SUB IV	SNP I	
COMPUTATION OF REIMBURSEMENT SETTLEMENT							18
18 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							19
19 COST OF COVERED SERVICES	1272983						20
20 DEDUCTIBLES	285735						21
21 EXCESS REASONABLE COST							22
22 SUBTOTAL	987248						23
23 COINSURANCE							24
24 SUBTOTAL	987248						25
25 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	26539						25.01
25.01 REDUCED REIMBURSABLE BAD DEBTS	26539						25.02
25.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	26539						26
26 SUBTOTAL	1013787						27
27 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION							28
28 OTHER ADJUSTMENTS							29
29 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS							30
30 SUBTOTAL	1013787						31
31 SEQUESTRATION ADJUSTMENT							32
32 INTERIM PAYMENTS	1002669						32.01
32.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							33
33 BALANCE DUE PROVIDER/PROGRAM	11118						34
34 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2	12640						

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CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX			NF I
		HOSPITAL (14-1332) (OTHER)	SUB I	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	71383					1
3	MEDICAL AND OTHER SERVICES						2
4	INTERNS AND RESIDENTS						3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
6	COST OF TEACHING PHYSICIANS						5
7	SUBTOTAL	71383					6
8	INPATIENT PRIMARY PAYER PAYMENTS						7
9	OUTPATIENT PRIMARY PAYER PAYMENTS						8
	SUBTOTAL	71383					9
COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						22
23	COST OF COVERED SERVICES	71383					23
PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	71383					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	71383					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

PROVIDER NO. 14-1332 HILLSBORO AREA HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX		
		HOSPITAL (14-1332) (OTHER)	SUB I	SUB II	SUB III	SUB IV
		1	1	1	1	1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST					34
35	SUBTOTAL	71383				35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL	71383				40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL	71383				52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	71383				55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM	71383				58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	365283			1
2	TEMPORARY INVESTMENTS	133591			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	2894619			4
5	OTHER RECEIVABLES	118505			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-964000			6
7	INVENTORY	394467			7
8	PREPAID EXPENSES	303714			8
9	OTHER CURRENT ASSETS	291637			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	3537816			11
FIXED ASSETS					
12	LAND	237676			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	647976			13
13.01	ACCUMULATED DEPRECIATION	-485403			13.01
14	BUILDINGS	16125185			14
14.01	ACCUMULATED DEPRECIATION	-5000049			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	164332			16
16.01	ACCUMULATED DEPRECIATION	-159913			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	6199021			18
18.01	ACCUMULATED DEPRECIATION	-4348238			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	13380587			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	12311162			25
26	TOTAL OTHER ASSETS	12311162			26
27	TOTAL ASSETS	29229565			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1398439			28
29	SALARIES, WAGES & FEES PAYABLE	625525			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	258076			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	2282040			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	9667403			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES				41
42	TOTAL LONG TERM LIABILITIES	9667403			42
43	TOTAL LIABILITIES	11949443			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	17280122			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	17280122			51
52	TOTAL LIABILITIES AND FUND BALANCES	29229565			52

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WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	15769178			1
2 NET INCOME (LOSS)	1376665			2
3 TOTAL	17145843			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 UNREALIZED CHANGE IN INVESTMENTS	77912			5
6 CONTRIBUTIONS OF EQUIPMENT	39900			6
7 TRANSFERS FROM FOUNDATION	39900			7
8 RETURN ON INVESTMENTS	10460			8
9 CHANGE IN INTEREST OF FOUNDATION	6007			9
10 TOTAL ADDITIONS	174179			10
11 SUBTOTAL	17320022			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 RELEASED CONTRIBUTIONS	39900			13
14 AUDIT ADJUSTMENTS				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	39900			18
19 FUND BALANCE AT END OF PERIOD	17280122			19
PER BALANCE SHEET				

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	2429271		2429271	1
2 SUBPROVIDER I				2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	2429271		2429271	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	2429271		2429271	16
17 ANCILLARY SERVICES	3726377		3726377	17
18 OUTPATIENT SERVICES		22074184	22074184	18
18.50 RHC				18.50
18.60 FOHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	6155648	22074184	28229832	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		15953554	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		15953554	40

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	28229832	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	11368328	2
3	NET PATIENT REVENUES	16861504	3
4	LESS - TOTAL OPERATING EXPENSES	15953554	4
5	NET INCOME FROM SERVICE TO PATIENTS	907950	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	268349	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	8045	10
11	REBATES AND REFUNDS OF EXPENSES	16439	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	43034	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	4796	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	80686	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC. INCOME/ADJUSTMENTS	47366	24
25	TOTAL OTHER INCOME	468715	25
26	TOTAL	1376665	26
27	0		27
27.01	0		27.01
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1376665	31

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 ADMINISTRATION & ACCOUNTING					6.01
6.02 GENERAL					6.02
6.03 ADMITTING					6.03
6.04 PATIENT ACCOUNTING					6.04
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
14.01 UR/QUALITY IMPROVEMENT					14.01
14.02 NURSING ADMINISTRATION					14.02
15 CENTRAL SERVICES & SUPPLY					15
15.01 PURCHASING					15.01
15.02 CENTRAL SERVICES & SUPPLY					15.02
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRA SOUND					41.01
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
49.50 SLEEP LAB					49.50
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
98.02 ASSISTED LIVING					98.02
98.03 CARDIAC REHAB					98.03

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	4A	25	26	27	
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 CMS-2552-96 - SUMMARY REPORT 97

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	71.67		6.56				78.23 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.61	52.52					53.13 37
40 ANESTHESIOLOGY	0.92	50.93					51.85 40
41 RADIOLOGY-DIAGNOSTIC	3.12	36.94					40.06 41
41.01 ULTRA SOUND	7.87	31.38					39.25 41.01
43 RADIOISOTOPE	3.11	51.38					54.49 43
44 LABORATORY	8.20	41.48					49.68 44
49 RESPIRATORY THERAPY	42.79	9.00					51.79 49
49.50 SLEEP LAB		33.86					33.86 49.50
50 PHYSICAL THERAPY	1.87	36.43					38.30 50
51 OCCUPATIONAL THERAPY	6.24	16.76					23.00 51
53 ELECTROCARDIOLOGY	10.20	44.02					54.22 53
55 MEDICAL SUPPLIES CHARGED TO PAT	21.18	39.27					60.45 55
56 DRUGS CHARGED TO PATIENTS	17.12	22.12					39.24 56
61 EMERGENCY		32.54					32.54 61
62 OBSERVATION BEDS (NON-DISTINCT		27.01					27.01 62
101 TOTAL CHARGES	4.81	35.45					40.26 101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	169544	1.22	-169544	-2.85			3
4	NEW CAP REL COSTS-MVBLE EQUIP	434341	3.13	-434341	-7.29			4
5	EMPLOYEE BENEFITS	1702600	12.28	-1702600	-28.59			5
6.01	ADMINISTRATION & ACCOUNTING	823346	5.94	-823346	-13.83			6.01
6.02	GENERAL	386727	2.79	-386727	-6.49			6.02
6.03	ADMITTING	71082	.51	-71082	-1.19			6.03
6.04	PATIENT ACCOUNTING	379350	2.74	-379350	-6.37			6.04
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	526271	3.80	-526271	-8.84			8
9	LAUNDRY & LINEN SERVICE	75277	.54	-75277	-1.26			9
10	HOUSEKEEPING	142413	1.03	-142413	-2.39			10
11	DIETARY	186235	1.34	-186235	-3.13			11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION							14
14.01	UR/QUALITY IMPROVEMENT	113297	.82	-113297	-1.90			14.01
14.02	NURSING ADMINISTRATION	248764	1.79	-248764	-4.18			14.02
15	CENTRAL SERVICES & SUPPLY							15
15.01	PURCHASING							15.01
15.02	CENTRAL SERVICES & SUPPLY	41856	.30	-41856	-.70			15.02
16	PHARMACY	373035	2.69	-373035	-6.26			16
17	MEDICAL RECORDS & LIBRARY	279841	2.02	-279841	-4.70			17
18	SOCIAL SERVICE	627		-627	-.01			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	864019	6.23	1423107	23.90	2287126	16.50	25
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	845133	6.10	779567	13.09	1624700	11.72	37
40	ANESTHESIOLOGY	18245	.13	47592	.80	65837	.47	40
41	RADIOLOGY-DIAGNOSTIC	847415	6.11	701878	11.79	1549293	11.18	41
41.01	ULTRA SOUND	161754	1.17	52759	.89	214513	1.55	41.01
43	RADIOISOTOPE	416645	3.01	135723	2.28	552368	3.98	43
44	LABORATORY	950924	6.86	584978	9.82	1535902	11.08	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	108271	.78	86438	1.45	194709	1.40	49
49.50	SLEEP LAB	92069	.66	50166	.84	142235	1.03	49.50
50	PHYSICAL THERAPY	645911	4.66	497798	8.36	1143709	8.25	50
51	OCCUPATIONAL THERAPY	80367	.58	49187	.83	129554	.93	51
53	ELECTROCARDIOLOGY	21697	.16	16043	.27	37740	.27	53
55	MEDICAL SUPPLIES CHARGED TO PAT	107219	.77	38253	.64	145472	1.05	55

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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
56	DRUGS CHARGED TO PATIENTS	263906	1.90	408223	6.86	672129	4.85	56
60	CLINIC							60
61	EMERGENCY	1305510	9.42	761557	12.79	2067067	14.91	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
85.03	ISLET CELL ACQUISITION							85.03
	NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES	76334	.55	57699	.97	134033	.97	98
98.02	ASSISTED LIVING	1101429	7.95	262958	4.42	1364387	9.84	98.02
98.03	CARDIAC REHAB	1548	.01	680	.01	2228	.02	98.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	13863002	100.00	0	.00	13863002	100.00	103

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III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	3432400
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8281855
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.414